

Hashem is King his son is prince



Tempeal of Leviticeus Preist

Robert Murray

known as LEviticos Lucifer No. \_\_\_\_\_

Write the full name of each plaintiff.

(To be filled out by Clerk's Office)

-against-

**COMPLAINT**  
(Prisoner)

Do you want a jury trial?  
☐ Yes ☐ No

C.O John DOE C.O John DOE  
Om H Jan DOE Supervisor of  
of Pace program in GRVC

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

Sred The  
Bath in rivers  
of BLOOD in  
The Name of  
Righ

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**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: \_\_\_\_\_

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

Robert L Murray  
 First Name Middle Initial Last Name

LEVITICUS LUCIFER

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

3492103473

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

GRVC 09-09 HAZEN ST  
 Current Place of Detention

09-09 HAZEN ST East Elmhurst NY 11370  
 Institutional Address

NY NY 11370  
 County, City State Zip Code

**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: \_\_\_\_\_

**IV. DEFENDANT INFORMATION**

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

John Doe  
 First Name Last Name Shield #  
 C.O.  
 Current Job Title (or other identifying information)  
 09-09 HAZEN ST GRVC  
 Current Work Address  
 Bronx NY 11370  
 County, City State Zip Code

Defendant 2:

John Doe  
 First Name Last Name Shield #  
 09-09 HAZEN ST GRVC  
 Current Job Title (or other identifying information)  
 09 09 HAZEN ST  
 Current Work Address  
 Bronx NY 11370  
 County, City State Zip Code

Defendant 3:

John Doe  
 First Name Last Name Shield #  
 OMH Pace program Supervisor GRVC  
 Current Job Title (or other identifying information)  
 09-09 HAZEN ST  
 Current Work Address  
 Bronx NY 11370  
 County, City State Zip Code

Defendant 4:

First Name Last Name Shield #  
 Current Job Title (or other identifying information)  
 Current Work Address  
 County, City State Zip Code

**V. STATEMENT OF CLAIM**

Place(s) of occurrence:

GRVC 19 BLVD

Date(s) of occurrence:

around or about 1-2-22 to 1-27-22**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

I was Beat up in c-95 By officers wick maid me we have Bond I Cant Walk The officers in c-95 Brought me To a cell in GRVC and place me on The Floor in The Pace Program it Not a we have a jail it has no reasonable accommodation For a person That cant walk The onlt supervisor of Pace Program got me living in a cell on The Floor I have Not Taken a Shower in weeks There 2 officers Violating my Food By using inmates To Do it The 2 officers Beat me up By Spring me with mass when I was on The Floor and jumping on me and punching me in my face in retaliation To me Filing Lawsuits against officer on 1-27-22 The officer That Beat me with mass and punch me in The face

When I was on the Floor  
 and he called a Black inmate  
 a Nigger had inmates put something  
 in my Food BASK The inmates why  
 you a letting The officer Tell you  
 TO DISS my Food I TOLD The CO  
 IF he Dont call the Dep I will  
 kill my SELF He told me to kill  
 my SELF I was found UNCONCIOUS  
 in my cell By an officer and a  
 Captain I TOLD The Capt.  
 That he has TO DO something  
 about me living on the FLOOR  
 in my cell and The officers violating  
 my Food in retaliation to me  
 Filing lawsuit against officer  
 all Ever done is on camera  
 and Body cam

I liveing on The Floor like  
 a Dog mistifet a Dog like Beter  
 than the way I'm liveing at  
 This Time



NECK and Back and  
~~Legs~~ Legs

#### INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

#### VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I want the to give me my  
wechare Back and give me  
my accommodations

50,000,000 punitive on OMH

50,000,000 punitive on D.O.C.

50,000,000 compensatory OMH

50,000,000 compensatory D.O.C.

**VII. PLAINTIFF'S CERTIFICATION AND WARNINGS**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

1-27-22  
 Dated \_\_\_\_\_ Plaintiff's Signature \_\_\_\_\_  
 Robert L. Murray  
 First Name Middle Initial Last Name  
 09-09 149205A  
 Prison Address \_\_\_\_\_  
 B. Cant NY 11370  
 County, City State Zip Code

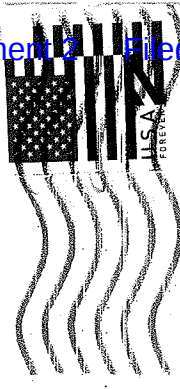
Date on which I am delivering this complaint to prison authorities for mailing:

1-27-22

Robert Murray 349 2103902  
09-09-HAZEN ST  
East Elmhurst + NY 11370

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NEW YORK NY 100

31 JAN 2022 PM 7 L

Pro-se office  
United State District  
Court Southern District  
of NY  
500 Pearl Street

10007-134548  
NEW YORK NY 10007



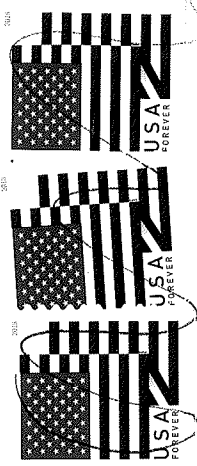
Robert Murray  
349-21-03473  
09-09-16-0000  
East 61st Street, Apt 1127  
New York, NY 10007

USMP3  
1127

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Pro-Se office  
Southern District of NY  
500 Pearl St  
New York, NY 10007